CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all

statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and State Fax: 515-281-4073 Parties must be filed electronically. Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) FORM DISCLOSURE **DR-2** Committee to Elect Charlene Butz REPORT (Rev. 12/2009) IMPORTANT: Indicate by # type of committee you are reporting for. 6 (1) Statewide/Legistative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (1) Statewhole/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (14) News Party Legislations For Office Use Only Comm. # Logged In 11) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Political Party (if applicable) Scanned Computer Candidate Name Charlene Butz Audited District (if Senate or House) Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. 274-4 DATE SIGNED KG REPORT SIGNATURE OF PERSON FIL REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR. January 22, 2013 Indicate by # 2 AM FILING A (report date) Local Committees, enter Date of Election ☐CHECK IF AMENDMENT TO REPORT DATED November 11, 2011 County & Local Committees, enter County in Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. which Election is held (You must continue to file reports until a DR-3 is filed.) Polk STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end 136.94 of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)..... Schedule F: Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) 136.94 SUB-TOTAL \$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD 136.94 Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... Schedule F: Loan Repayments total (Attach Schedule F)..... 0.00 CASH ON HAND at the end of this reporting period (if final report balance must be zero) **UNPAID BILLS (From Schedule D - Attach Schedule D)..... 210.00 0.00 **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)...... NO YES CONSULTANT BREAKDOWN (Schedule G Attached?)

FOR INSTRUCTIONS, SEE BACK OF FORM

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	m.
Reset For	

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE YOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

B	MONETARY
(Rev. 07/03)	EXPENDITURES
□ CHE	CK THIS BOX IF ENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

			PURPOSE	AMOUNT EXPENDED
DATE EXPENDED MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION) Charitable Contribution	
02/02/12	ID# CK#	Windsor Heights Foundation 1133 66th Street Windsor Heights, IA 50324	Charitable Collumnation	\$ 136.94
	ID#			
	CK#			
	ID#			
	CK#			
	1D#			
	CK#			
-	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
-	ID#			
	CK#		SUB-	TOTAL \$ 136.94
			TOTAL (if last page of this sch	

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ON ADDITE	TO CANDIDATES COM	

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

1	. 1
Desc	of
Page	

p.4

AITTEE NAME (Must be	CK OF FORM same as on Statement of Organization)		(Rev. 02/0	& KELVID
ommittee to Elect Charlene Butz OTE: This schedule reports money loaned to the committee which is deposited in the committee which is dea		committee account.	CHE	CK THIS BOX I
TO A NIC ER	M AST REPORTING PERIOD		candidate's pers	sonal funds.)
	IS RECEIVED THIS REPORTING PERIOD Joan, such as a bank, must be shown if a third party is in NAME AND ADDRESS OF LENDER	RELATIONSHIP CANDIDATE (If Appli	10 Visio	OUNT OF LOAN
DATE RECEIVED (MM/DD/YR)	(Include Endorser's Name, If Applicable)		\$	
		TOTAL (PART I)	\$_	
PART II - MONETARY (Loans forgiv	LOAN REPAYMENTS MADE THIS REPORTING PER ten must be reported on Schedule E – In-kind Contribution			AMOUNT REPAID
(Loans lorgiv	ADDRESS OF LENDER	IOD ons.)	HIP TO Applicable)	and the second second second second
PART II - MONETARY (Loans forgive DATE PAID (MMVDD/YR)	LOAN REPAYMENTS MADE THIS REPORTING PER en must be reported on Schedule E – In-kind Contribution NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	IOD ons.)	HIP TO Applicable)	AMOUNT REPAID
DATE PAID	ADDRESS OF LENDER	IOD ons.)	HIP TO Applicable)	and the second second second second
DATE PAID	ADDRESS OF LENDER	IOD ons.)	HIP TO Applicable)	and the second second second second
DATE PAID	ADDRESS OF LENDER	IOD ons.)	HIP TO Applicable)	and the second second second second
DATE PAID	ADDRESS OF LENDER	IOD ons.)	HIP TO Applicable)	and the second second second second
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONS CANDIDATE* (If	HIP TO Applicable)	
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL	RELATIONS CANDIDATE* (If	HIP TO Applicable) Applicable)	
DATE PAID (MMVDD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL	RELATIONS CANDIDATE* (If L CASH REPAYMENTS (PA E — TOTAL LOANS FORGIV OANS END OF REPORT PI	HIP TO Applicable) RT II) /EN ERIOD	and the second second second second

OR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE E IN-KIND (Rev. 06/97) CONTRIBUTIONS
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 00/97)) CORTILIE
Committee to Elect Charlene Butz	CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED	NAME AND ADDRESS	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
(MM/DD/YR)	OF CONTRIBUTOR Charlene Butz	self		\$ 210.00	
12/31/12					
			SUB-TOTAL	\$ 210.00	
			TOTAL (if last page of this schedule	210.00	7

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____ (for Schedule E)